REPORT TO CITY CLERK SPECIAL DESIGNATED LICENSE APPLICATION

Police		
City Attorney	DATE: 4/7/03	
Bureau of Fire Prevention Health Dept.	RETURN BY: 4/22/03	
CATERER: xx	NON-CATERER:	
APPLICANT: B & B-Q INC		
APPLICANT'S ADDRESS:5560 SOUTH 48TH STREET		
ADDRESS OR LOCATION OF PREMISES TO BE COVERED GARDEN (as shown on attached drawing)	BY LICENSE : 5560 SOUTH 48 TH , BEER	
DATE(S) OF EVENT: JUNE 15, 2003		
TIME(S) OF EVENT :12:00 P.M. TO 8:00 P.M.		
DETAILS ON ATTACHED APPLICATION.		
RECOMMENDATION OF APPROVAL OR DENIAL		
CONDITIONS See NEXT PAGE.		
DENIED		
REASON(S) FOR		
K24L	4-8-03	
Signature	Date	

(If needed, use back for additional space)

PUBLIC HEARING BEFORE COUNCIL: APRIL 28, 2003, 1:30 P.M.

(SDLRPT.JER)

If approved the following requirements must be followed:

- 1. Identification to be checked, wristbands required on all parties wishing to consume alcohol.
- 2. Adequate security to be provided for the event.
- 3. The area requested for the permit to be separate from the public by a fence or other means.
- 4. Responsible alcohol service practices to be followed.

PLEASE TYPE OR PRINT APPLICANT MUST COMPLETE ALL SECTIONS OF THIS FORM

APPLICATION FOR SPECIAL DESIGNATED LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION

P.O. Box 95046, Lincoln NE 68509

ALL ISSUED LICENSES ARE MAILED TO LOCAL CLERKS WHERE THE EVENT IS HELD

269 A3-036131

i Complete and renim i MP 11K H-INAT. WITH A DITELL AT F. (1) HIS INSULANA DIQUOL CORRUS COMBINISSION	
Complete and return THE ORIGINAL WITH A DUPLICATE to the Nebraska Liquor Control Commission A license fee of \$40 (payable to Nebraska Liquor Control Commission) for each day	
LOCAL APPROVAL must be included with this application	
A Signed Statement from Local Police Chief or County Sheriff (question #12)	_
NON PROFIT CORPORATION MUST include a letter from the IRS declaring that the corporation is exempt from payment of for	eder
income taxes, or a copy of the corporation's federal income tax return, as filed with the IRS, or a statement (Page 3) signed by an o	otrice
of the corporation declaring that the copy of the tax return is a true and correct copy as filed with the IRS	
Type of Beverage(s) to be served: 💆 Beer 🔑 Wine 🖳 Distilled Spirits	
. Status of the Applicant (check one) Public	
☐ Municipal ☐ Political ☐ Fine Arts ☐ Fraternal ☐ Religious ☐ Charitable ☐ Retail ☐ Service	
Corporation Corporation Museum Corporation Corporation Licensee Corporation	
Name and Address of Corporation, Organization or Licensee obtaining license. If licensee, give license number (City, State, County Number, Zip Code) And Class (Example C/K)	[/k
(City, State, County Number, Zip Code) And Class (Example C/K)	
B+B-6 Inc. 5560 So. 48th Lineda, No Lancaster 60516	
Address or location of premises to be covered by license, (City, County Number, Zip Code)	
5560 Sc. 48th St. Lancoster, Lincoln, 68516	
Is this PREMISE currently licensed under the Nebraska Liquor Control Act? A YES NO	
6. Name and Address of owner or lessee and name of principal occupant of the premises for which the license is requested.	
Cheecleaders Bar.	
7. Please list the name and telephone number of the primary event supervisor, who will actually be present at the location of the even it occurs, that can be contacted by law enforcement before and during the event, and who is responsible for ensuring that any applicable	n wn Ie lau
ordinances, rules and regulations are adhered to. Supervisor must sign on page 2.	12 12 -
<u> </u>	
8. DATE(S) OF EVENT (IT2 Sunday, attach local Sunday Sales Ordinance and hours of consumption.)	
8. DATE(S) OF EVENT (IT a Sunday, attach local Sunday Sales Ordinance and hours of consumption.)	
Tune 15th, 2003 PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:	
PLEASE INDICATE AN ALTERNATE DATE OR LOCATION IN THE EVENT OF BAD WEATHER:	
TELASE INDICATE AN ALTERNATE DATE ON ESCATION IN THE BYENT OF DIE WORTH	
9. Time(s) of event (example 8am to 1am, this is considered one day)	
Time(s) of event (example dam to fam, this is considered one day)	
FROM: 12:00 PMTO: Prop See PMTO: PMT	
FROM: 12:00 PMTO:	
FROM: 12:00 PMTO:	<u></u>
FROM: 12.00 PMTO:	<u>r</u> e
FROM: 12.00 PMTO:	IÉVE
FROM: 12:00 PMTO: Provide an estimated number of attendees at this event 200 If the number of attendees is over 250 attach a separate pay indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH	IÉVE
FROM: 12:00 PMTO: Provide an estimated number of attendees at this event 200 If the number of attendees is over 250 attach a separate pay indicating the steps that will be taken to prevent underage persons access to alcoholic beverages. 12. PLEASE ATTACH A SIGNED STATEMENT FROM YOUR LOCAL POLICE CHIEF OR COUNTY SHERIFF, WHICH IS APPLICABLE, THAT LOCAL LAW ENFORCEMENT HAS BEEN INFORMED IN ADVANCE OF THIS EVENT, AND IF	IÉVE

CONTINUE ON BACK

NEBRASKA LIQUOR CONTROL COMMISSION APPLICATION FOR SPECIAL DESIGNATED LICENSE UNDER NEBRASKA LIQUOR CONTROL ACT

4 Description of the premises: Inside Building Outdoor Ar	ea	
$\frac{1}{100}$ results of area to be covered by license: $\frac{65}{100}$ x $\frac{75}{100}$ much sold and consumed LENGTH WID	Please draw in the space prov IH (In feet)	ided below, the area where
It suggest area, how will premises be separated from areas open to the g	eneral public? 🕱 Fence 🗆 Tent 🗀 Or	her (if other, please explain
15 % the premises to be covered by the license located within the city/v	village limits?	X YES □ N
or for veterans, their wives or children?		
(1. Explain how alcoholic liquors will be purchased by the licensee. If p		
18 Will the premises to be covered by the license comply with all Nebras		
1 - Verhere separate toilets for both men and women?		
20 ther information or requests by the applicant:	14172	3
2). Will there be any games of chance operating during the event? DY NOT!CE: Only games of chance approved by the Department of Regambling are prohibited by State Law: There are no exceptions for Designated License under the Liquor Control Act and is not a game	venue. Charitable Gaming Division are per Non Profit Organizations. This is only	rmitted. All other forms c an application for a Speci:
2. A clare that I am the authorized representative of the above named to the rest of my knowledge and belief. I also consent to an investigation records. I agree to waive any rights or causes of action against the Nebrind's could releasing said information to the Liquor Control Commission which used by any other person, group, organization or corporation directly responsible to the holder of this Special Designated License.	license applicant and that the statements me on of my background including all records raska Liquor Control Commission, the Neb or the Nebraska State Patrol. I further dec	of every kind including polic raska State Patrol or any othi lare that the licerise applied fo
sign here	OWNER	\$ 4-1-03
Authorized Representative Applicant	Title	Date
here De Br	OWNER	4-1-03
Surervisor	Title	Date

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the loc governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for what the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

in Compliance with ADA, this form is available in other formats for persons with disamif ties.

A ten day advance period is requested in writing to produce the alternate format.

Gos a Shop Plaza Gas'n Shap Tobocco Hut <u>65'</u> Smokehouse Deli Entrance Cheerleaders The 54,11